

# Foster Family Home - Corrective Action Report

Provider ID: 1-170038

Home Name: Glenda Mercado, CNA

Review ID: 1-170038-5

94-882 Lumiholo Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/21/2019

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/21/19. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 6/21/19.  
6.(d)(1) - see applicable sections of the review

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid certification for CG #3.

Compliance Manager

Primary Care Giver

Date

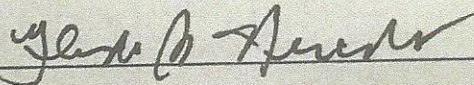
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Glenda Mercado  
CCFFH Address: 44-882 Lumiholo St, Waikehu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
416)(3)	I received a current First Aid certificate from CG #7 and placed in my CCFFH binder.	6/18/19	I filled out my calendar w/ the expiration dates for CPR + First Aid for all my SC's. I will renew calendar every month.

Primary Caregiver's Signature: 

Print Name: Glenda P. Mercado Date of Signature: 6/18/2019